Approved, SCAO OSM CODE: OAG

## STATE OF MICHIGAN PROBATE COURT COUNTY

## ORDER APPOINTING GUARDIAN OF INCAPACITATED INDIVIDUAL

CIRCUIT COURT - FAMILY DIVISION

		1011				
In the matter of	of				, an inca	pacitated individual
Court ORI	Date of birth	Race	Sex	Current address of inca	pacitated individua	I
1. Date of hea	aring:	Judge:		I		
THE COURT	FINDS:					Bar no.
is impaired incapacitate 4. Upon the procontinuing of the individual of the first in the base of the procontinuing of the individual of th	resentation of clear a mental illne mental def mental def physical illito the extent of lackied individual. resentation of clear acare and supervisioual is partially no qualified, suitable best interest of the acceptance.	iciency	e above na nic use of nic intoxicar:or capacity opointment ty to care fuardian and	drugs ation to make or commun of a guardian is nec or himself/herself.	icate informed c	ans of providing
IT IS ORDERI	ED:					
7. Name (type or	r print)			, whose a	ddress and tele	phone number are:
Address		C	ity	State	Zip	Telephone no.
	l bond at \$			all qualify by filing an	acceptance of	appointment.
☐9. This gua	rdianship shall term	nate Date				
court orde		State Police shall immediatel ment information network.  D:	y enter the	incapacitated individ	dual's identifyinç	j information in this
Date			Judge			
Attorney name (ty	pe or print)	Bar no.				
Address		City		State	Zip	Telephone no.

Do not write below this line - For court use only